

## DO/EO BIBLIOGRAPHIC DATA ENTRY

09/6 22593

SERIAL NUMBER: 09 / 622593 RECEIPT DATE: 08 / 21 / 00  
IA NUMBER: PCT/ SE99 / 00198 IA FILING DATE: 02 / 16 / 99  
FAMILY NAME: OLSSON DELAY WAIVED (Y/N): Y  
GIVEN NAME: BO DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 02 / 19 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 194667US2PCT COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 022850 TELEPHONE 7034133000  
FAX 7034132220  
NAME: OBLON SPIVAK MCCLELLAND MAIER & NUESTADT  
FOURTH FLOOR  
STREET: 1755 JEFFERSON DAVIS HIGHWAY  
CITY: ARLINGTON  
STATE/COUNTRY: VA ZIP: 22202  
EMAIL:  
APPLICATION TITLES:  
PROCEDURE TO TRANSMIT INFORMATION AT TELEPHONE ANSWERING SERVICE

TAB TO LAST POSITION, PUSH SEND